



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000



REPLY TO
ATTENTION OF

MCHO-CL-Q (40)

21 FEB 1996

MEMORANDUM FOR

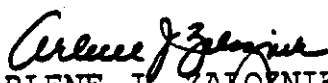
Commanders, MEDCOM HSSAs/MEDCENS/MEDDACs/Health Clinics,
ATTN: Quality Improvement Coordinator/Credentials Coordinator
Commander, 121 Evac Hospital, Unit #15281, ATTN: EAMC-CS-QA,
APO AP 96205-0054

SUBJECT: Request for Clinical Privileges by Army Medical
Treatment Facility (MTF) Commanders and Deputy Commanders for
Clinical Services (DCCS)

1. Reference Army Regulation (AR) 40-68, 20 December 1989,
Quality Assurance Administration with Interim Change 3.
2. The enclosure to this memorandum provides procedures for the
delineation of privileges for U.S. Army Medical Center (MEDCEN),
U.S. Army Medical Department Activity (MEDDAC), and U.S. Army
Health Clinic commanders and deputy commanders for clinical
services (DCCSs). It also includes detailed instruction for the
preparation of required forms.
3. The point of contact is MAJ Deborah J. Pederson, Quality
Management Division, Directorate of Clinical Operations,
DSN 471-6195.

FOR THE COMMANDER:

Encl
Instructions


ARLENE J. ZALOZNIK
COL, MC
Director, Clinical Operations

INSTRUCTIONS FOR PREPARING REQUEST
FOR CLINICAL PRIVILEGES FOR HSSA/MTF
COMMANDERS IN ACCORDANCE WITH
AR 40-68, QUALITY ASSURANCE ADMINISTRATION

1. The following instructions and guidance will be used when approving privileges for commanders and deputy commanders of U.S. Army medical treatment facilities (MTF).

2. The deputy commander's privileges will be approved as follows:

a. The provider will submit their request in accordance with AR 40-68.

b. A recommendation will be made by the appropriate department chief.

c. The request will be presented at a special credentials meeting. The appropriate department chief will be present at this meeting. The DCCS will be excused from the meeting. The remaining senior officer will chair.

d. The credentials committee recommendations will be submitted to the commander for approval/disapproval.

3. The commander's privileges will be approved as follows:

a. **Request will be submitted 60 days prior to expiration of current privileges.** The request will include the entire Practitioner Credentials File (PCF) and Practitioner Activity File (PAF) (to include up-to-date education verification and previous forms), and special credentials committee minutes (original).

(1) Health Clinics and MEDDACs submit the request to your regional HSSA Commander.

(2) HSSA Commanders and 18th Medical Command (MEDCOM) submit the request to Headquarters, U.S. Army Medical Command, ATTN: MCHO-CL-Q, 2050 Worth Road, Fort Sam Houston, TX 78234-6000 by certified mail. The 18th MEDCOM Commander's file will be forwarded to the Office of The Surgeon General for final approval.

b. The Special Credentials Committee will be conducted as follows.

(1) The chief of the department in which privileges are requested must be present at the meeting.

(2) The only agenda item for discussion will be the credentialing and privileging of the commander.

(3) All assessments of ability, performance, and privileges will be made during the Credentials Committee meeting.

(4) Votes must be counted and tallied (example: 8 yes, 0 no; or 3 yes, 1 no) and stated in the minutes.

(5) Minutes will be typed as a separate document.

(6) The chairman of the special committee will sign the minutes.

(7) The appropriate HSSA Commander, the Deputy Commanding General, MEDCOM, or the Deputy Surgeon General will be the approving authority for the minutes (Para 3a). The signature block of the approving authority will be typed in by the approving facility as follows:

APPROVED:

Approving Authority's Signature Block

Date _____

c. DA Form 4691-R, Initial Application for Clinical Privileges, (should be part of PCF). Reverse side will be completed.

d. DA Form 5440A - Delineation of Privileges Record.

(1) Period From _____ To _____. From end of current/present privileging period to two years in future, or as specified in minutes. For initial provisional privileges, use a from date 30 days after the credentials committee meets.

(2) Medical Treatment Facility. Type in complete name - do not abbreviate.

(3) Status. Check appropriate block.

(4) Clinical Privileges. Check appropriate block.

(5) Dept/Svc (Specify). Type in name. Block must be signed and dated.

(6) Credentials Committee. Name and signature of Acting Chairman. Fill in date.

(7) Approval Section.

(a) Requesting facility will leave blank. Approving facility will type in signature block of appropriate approving authority. Leave room for commander's signature.

(b) Date. Leave blank.

(8) Remarks Section. Type in "Privileges and performance have been reviewed by the entire Credentials Committee to include the Specialty/Dept Chief of the specialty in which privileges are requested."

(9) Practitioner's Education/Training Update Section. Have the requesting commander complete and sign this section.

e. **DA Form 5440-XX, Delineation of Privileges - Specialty.** Send original. Complete all blocks.

(1) Use proper specialty form. (DA Form 5440-XX)

(2) Use one for each specialty in which the provider desires privileges.

(3) If a previous DA Form 5440-XX is being modified, state the modification and reason for modification in the "Remarks" block on DA Form 5440A.

(4) Privileges Requested By. Type in full name and rank of the requesting commander.

(5) Delineation of privileges. Have requesting commander initial categories and procedures requested.

(6) Exceptions. If there are exceptions recommended by the department chief, complete this part of the form.

(7) Recommendations by Dept/Svs Chief. The chairman of the Credentials Committee will initial approved privileges after review by the entire Credentials Committee.

f. **DA Form 5441, Evaluation of Privileges - Specialty.**

(1) Privileges Performed By: Type in full name and rank of the requesting physician.

(2) Rated by. This block is for signature of the chairman of the Credentials Committee.

(3) Title block. Type in "Chairman, Special Credentials Committee."

(4) Period From _____ To _____. Period is from date evaluation period began to date of the next privileging period.

(5) Treatment Facility. Type in name of MTF; do not abbreviate.

(6) Privilege evaluation must be identical to privileges requested on the previous DA Form 5440-XX.

(7) Type the following statement where space is available: "Privileges and performance have been reviewed by the entire Credentials Committee to include the Specialty/Dept Chief of the specialty in which the provider is requesting privileges."

(8) Performance. Acting chairman of the Credentials Committee will initial appropriate block after review by entire committee.

g. DA Form 5374-R, Performance Assessment.

(1) Areas of Assessment. Complete during Credentials Committee meeting.

(2) Comments. Type in statement: "Privileges and performance have been reviewed by the entire Credentials Committee to include the Specialty/Dept Chief of the specialty in which the provider is requesting privileges."

(3) Period Covered. Same as period covered on DA Form 5441. That is, from the beginning of evaluation period to the date of the next privileging period.

(4) Supervisor. Block will be signed by the chairman of the Credentials Committee.

(5) Medical Treatment Facility. Do not abbreviate.

h. DA Form 5754-R, Malpractice and Privileges Questionnaire.

(1) To be completed each time privileges are requested.

(2) Fill in all blocks (include information on all licenses both active and inactive).

(3) On items 5, 6, and 7 type in "voluntary/involuntary" after statement.

(4) Item 10. Type in "as it pertains to the privileges being requested." Include a statement of health in remarks section, Item 13.

* * * * *

A letter of application for privileges is not needed. The DA Form 5440A serves the same purpose.

Retain a copy of all documents until the original minutes and PCF/PAF are returned.

The regional HSSAs or MEDCOM will return all documents to you by certified mail.

As a reminder, be certain each PCF contains proof of current license, current Basic Cardiac Life Support (current ACLS will suffice to meet this requirement), and request for information from the National Practitioner Data Bank.